

Partnership in their contracts with secondary care providers.

Aims: To establish the number of ENT procedures affected, and to compare local access to these procedures with SIGN and NICE guidance. Objectives: To determine numbers of patients listed for tonsillectomy, grommets, pinnaplasty or rhinoplasty, and the proportion in which exceptional funding was granted, with reference to local and national guidelines.

Methods: Retrospective data collected from admissions databases, theatre lists and clinic letters was analysed for six months from August 2010.

Results: Only 4 of the 38 LVPs are ENT procedures, but these comprised 27% (160/601) of ENT procedures, and 70% of all LVPs in the Trust. Some 28% (44 patients) did not receive their procedures, either due to funding refusal, or due to an arbitrary cut-off date being reached whilst awaiting funding.

Conclusion: The funding process for "low value procedures" needs to be amended to minimise inequalities in access, in particular for ENT procedures. We must ensure our correspondence explicitly highlights where patients meet national guidelines for exceptional funding. Re-audit at three months is planned.

0897 DAY CASE UNIT OUTCOMES

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Aims: Fiscal constraints require the NHS to work cost-effectively whilst providing safe patient outcomes and care. Free standing day case units have an overnight stay rate of 2.4%. We audited our overnight stay rates in order to identify ways of improving the efficiency of our service.

Methods: All patients undergoing day case surgery for the major surgical specialities from January 2009 to June 2009 were identified from the day case departments admission lists. Rates of overnight stay and reasons for this were then audited.

Results: We identified 3128 day cases; 306 (9.8%) cases were unplanned overnight stays. 185 (60.5%) notes were available for review, median age 58years (range 44–68). 71 (38.3%) cases were predictable overnight stays and 111 (62.7%) were due to surgical reasons, mainly routine post-operative care instructions from the surgeon.

Conclusion: Our unit's rate lies within the limits published for day case units which utilise inpatient theatres (2–14%). However, results suggest that better pre-operative selection of patients for daycase lists would improve our unit's overnight stay rates and overall efficiency of the service. Improved case selection would prevent the frequent cancellation of elective procedures due to bed shortages.

0899 WHAT PATHOLOGIES ARE ADMITTED ON THE 'GENERAL SURGICAL TAKE' AND WHO WILL MANAGE THESE PATIENTS?

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Aims: There has been a trend towards sub-specialisation for elective surgery over the past ten years. This paper looks at non-elective admissions to a 'general surgical take' over this period of time.

Methods: Prospective data relating to non-elective admissions, under the care of a single consultant general surgeon, was collected from 1 January 2000 - 31 December 2009. This included recording the sub-speciality pathology for each patient, along the lines of the ISCP logbook.

Results: 4266 patients were admitted during the 10 year period; general (45%), colorectal (13%), HPB/UGI (13%), paediatrics (11%), urology (9.7%), vascular (4.4%), gynaecology (2%), breast (1%). Over the study period, the proportion of urological cases admitted rose from 2% to 19% whilst the percentage of vascular cases fell from 9% to zero, the latter coinciding with the introduction of a specialist vascular rota. There was little change in the proportion of admissions with regard to the other sub-speciality pathologies.

Conclusions: Despite the evolution of elective sub-speciality surgery, non-elective admissions continue to cover a broad range of pathologies. The non-elective (on call) surgeon needs to maintain a breadth of knowledge and skill to manage these patients.

0902 PRE-OPERATIVE STAGING OF THE AXILLA IN BREAST CANCER – AN ACCURATE APPROACH THAT SAVES TIME AND RESOURCES?

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Introduction: Pilot studies have suggested that a combined technique of ultrasonography (US) and fine needle aspiration cytology (FNAC) is useful in detecting axillary lymph node metastasis in breast cancer patients.

Aims: Assess the accuracy of this approach; assess how often sentinel lymph node mapping could be avoided; estimate the cost saving

Methods: Between February 2008 and November 2010, 385 newly diagnosed breast cancer patients underwent axillary US examination. FNAC was carried out if suspicious lymph nodes were detected on US. Patients proceeded to sentinel lymph node mapping if they had a normal US or a negative FNAC. Patients with a positive FNAC proceeded to have a level two axillary node clearance.

Results: Axillary ultrasound examination revealed 112 axillae with suspicious features. Subsequent FNAC was positive for malignant cells in 79 of the 112 axillae. Sentinel lymph node mapping was thus spared in 79 patients which represents 20.6% of the total eligible population in the study. The sensitivity and specificity of combined ultrasound and FNAC was 89% and 99% respectively.

Conclusions: The combination of US and FNAC is an accurate method of assessing the axilla for metastatic breast disease and avoiding unnecessary sentinel lymph node mapping, saving time and resources.

0907 VARIATION OF RATES, ACCURACY OF CLINICAL CODING AND PREDICTIVE VALUE OF INFLAMMATORY MARKERS FOR REMOVAL OF A NORMAL APPENDIX IN 1210 APPENDICECTOMIES

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Aims: To study the rates of surgery, accuracy of clinical coding and diagnostic efficacy of inflammatory markers for removal of a normal appendix.

Methods: Retrospective review of all emergency appendicectomy patients over a 5-year period. Pathology reports were gold standard for diagnosis. Clinical coding lists were obtained for comparison. Inflammatory markers (WCC and CRP) were taken at highest pre-operative levels.

Results: Appendicectomy was performed in 1210 patients. Normal rates were higher in females (31% versus 18% in males, $p < 0.001$). There was no significant difference in normal rates between adults and children. There was moderate agreement between histology and clinical coding (Kappa 0.421). Increasing WCC and CRP significantly increased likelihood of appendicitis (versus normal) and complex appendicitis (versus simple appendicitis) for all genders and ages (all $p \leq 0.001$).

Conclusions: Normal appendicectomy rates were stable in males, but variable and higher in females. Age is not as important as gender in determining normal rates. Clinical coding for normal appendicectomy is unreliable so national analyses based on such data should be guarded. Inflammatory markers are useful for supporting a diagnosis of appendicitis and differentiating complex appendicitis. Contrary to existing literature, if neither inflammatory marker was raised, appendicitis could not be ruled out.

0910 RE-EXCISION RATE FOR BREAST CONSERVING SURGERY (BCS): A RETROSPECTIVE STUDY

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Introduction: BCS is one of the most performed operations nowadays, especially with the increased number of early breast cancer detected with screening program. Different studies have shown different rates of re-excision associated with this operation. This study has shown the re-excision rate in the breast unit of a teaching hospital with some risk factors contributing to this rate.

Method: Retrospective review of 273 patients' data for those underwent BCS in 2007. SPSS software is used for data analyses.